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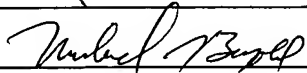
PTO/SB/05 (12/98)

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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under CFR 1.53(b))</small>   | Attorney Docket No.  | <b>ZAHFRI P555US</b>  | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">22264 U.S. PTO<br/>10/667215<br/>09/19/03</div> |
|  | First Named Inventor or Appln Identified: <b>Jens SCHMIDT et al.</b> |   |  |
|  | Title: <b>CONTINUOUSLY VARIABLE TRANSMISSION</b>                     |   |  |
|  | Express Mail Label No.   | <b>EV 330996225 US</b>  |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent appln. contents.   |  | <b>ADDRESS TO:</b><br><b>Assistant Commissioner for Patents</b><br><b>Box Patent Application</b><br><b>P. O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b> |  |
| <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form</b><br/><i>(submit an original, and a duplicate for fee processing)</i></p><p>2. <input type="checkbox"/> Applicant claims small entity status<br/><i>(see 37 CFR 1.27.)</i></p><p>3. <input checked="" type="checkbox"/> <b>Specification</b> (Total Pages) [ 7 ]<br/><i>(preferred arrangement set forth below)</i></p><ul style="list-style-type: none"><li>• Descriptive title of the invention</li><li>• Cross References to Related Applications</li><li>• Statement Regarding Fed sponsored R &amp; D</li><li>• Reference to Microfiche Appendix</li><li>• Background of the Invention</li><li>• Brief Summary of the Invention</li><li>• Brief Description of the Drawings <i>(if filed)</i></li><li>• Detailed Description</li><li>• Claim(s)</li><li>• Abstract of the Disclosure</li></ul><p>4. <input checked="" type="checkbox"/> <b>Drawings</b> (35 USC 113) (Total Pages) [ 2 ]</p><p>4a. <input checked="" type="checkbox"/> <b>Submission of Formal Drawings</b> (Total Pages) [ 1 ]</p><p>5. <input checked="" type="checkbox"/> <b>Oath or Declaration</b> (Total Pages) [ 3 ]</p><p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p><p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application<br/>(37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 17 completed)</i></p><p style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p></div><div style="width: 50%;"><p>6. <input type="checkbox"/> Application Data Sheet (see 37 CFR).</p><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>8. <input type="checkbox"/> Nucleotide an/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p><p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p style="margin-left: 20px;">b. <input type="checkbox"/> Specification Sequence Listing on:</p><p style="margin-left: 40px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p style="margin-left: 40px;">ii. <input type="checkbox"/> paper</p><p style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div> |  |   |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |   |  |
| <p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS<br/>Statement (IDS)/PTO-1449 4 Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input checked="" type="checkbox"/> Other: Express Mail Certificate<br/>Submission of Certified Copy-1 pg.<br/><i>German Search Report - 4 pgs.</i></p>  |  |   |  |
| <p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No.: _____ / _____</p> <p>Prior application information: Examiner _____ Group/Art Unit: _____</p> <p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>  |  |   |  |
| <b>18. CORRESPONDENCE ADDRESS</b>  |  |   |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p><input checked="" type="checkbox"/> Customer Number: <b>020210</b></p><p>Name: <b>DAVIS &amp; BUJOLD, P.L.L.C.</b><br/>500 North Commercial Street - 4th floor<br/>Manchester, NH 03101-1151<br/>United States of America</p><p>Name: <b>Michael J. Bujold</b></p><p>Signature: </p></div><div style="width: 10%; text-align: center;"><p>PATENT &amp; TRADEMARK OFFICE</p><p><b>020210</b></p></div><div style="width: 45%;"><p><input type="checkbox"/> Correspondence address below</p><p>Telephone: 603/624-9220</p><p>Telefax: 603/624-9229</p><p>E-Mail: patent@davisandbujold.com</p><p>Registration No.: <b>32,018</b></p><p>Date: <b>September 19, 2003</b></p></div></div>   |  |   |  |

| <b>FEE TRANSMITTAL</b><br><br><b>for FY 2003</b><br><br>Patent fees are subject to annual revision<br><br><input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27  |   | <i>Complete if Known</i><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Application No.<br/> Filing Date<br/> First Named Inventor<br/> Examiner Name<br/> Group Art Unit </div> <div style="width: 35%; text-align: center;"> Jens SCHMIDT et al. </div> </div>  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
|--|---|--|------------------------------|---|-----------------|-----------------|-----------------|-----------------|----------|-------------|-------|--------------------|-------|--------------------------------|-----|-------------------|-----|-------------------|-----------------|--|-----------------|-----------------|------|------------------|------|---------------------------|------------------------|------|-------|--------------------|-------|---|------|------|------|----------------------|--------------------------|--|----|------|--------|---|--------------|---|------|------|---|---------------------|----|--------------------------|--|------|------------|------|-----|--------------------------|--|------|-----|------|-----|--------------------------|--|------|-------|------|-----|--------------------------|--|------|-------|------|-----|--------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|---------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|--|--|------|-----|------|-----|---------------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|------------------------------|--|------|-----|------|-----|---|--|
| TOTAL AMOUNT OF PAYMENT: \$750   |   | Attorney Docket No. ZAHFRI P555US  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| METHOD OF PAYMENT (check all that apply)   |   | FEE CALCULATION (continued)  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account:<br><br>Deposit Account Number: 04-0213<br><br>Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.  |   | <b>3. ADDITIONAL FEES</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge-late filing fee/oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for re-examination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Ext.for reply w/in 1 mon</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Ext.for reply w/in 2 mon</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Ext.for reply w/in 3 mon</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Ext.for reply w/in 4 mon</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Ext.for reply w/in 5 mon</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a Brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (for reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petition related to provisional appls.</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Info.Disclo.Stmt.</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording ea. patent assignment per property (times No.of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For ea.additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Cont.Exam. (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                              | Large Fee Code  | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid | 1051        | 130   | 2051               | 65    | Surcharge-late filing fee/oath |     | 1052              | 50  | 2052              | 25              | Surcharge-late provisional filing fee or cover sheet |                 | 1053            | 130  | 1053             | 130  | Non-English specification |                        | 1812 | 2,520 | 1812               | 2,520 | For filing a request for re-examination |      | 1804 | 920* | 1804                 | 920*                     | Requesting publication of SIR prior to Examiner action |    | 1805 | 1,840* | 1805  | 1,840*       | Requesting publication of SIR after Examiner action |      | 1251 | 110   | 2251                | 55 | Ext.for reply w/in 1 mon |  | 1252 | 410        | 2252 | 205 | Ext.for reply w/in 2 mon |  | 1253 | 930 | 2253 | 465 | Ext.for reply w/in 3 mon |  | 1254 | 1,450 | 2254 | 725 | Ext.for reply w/in 4 mon |  | 1255 | 1,970 | 2255 | 985 | Ext.for reply w/in 5 mon |  | 1401 | 320 | 2401 | 160 | Notice of Appeal |  | 1402 | 320 | 2402 | 160 | Filing a Brief in support of an appeal |  | 1403 | 280 | 2403 | 140 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional |  | 1501 | 1,300 | 2501 | 650 | Utility issue fee (for reissue) |  | 1502 | 470 | 2502 | 235 | Design issue fee |  | 1503 | 630 | 2503 | 315 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Petition related to provisional appls. |  | 1806 | 180 | 1806 | 180 | Submission of Info.Disclo.Stmt. |  | 8021 | 40 | 8021 | 40 | Recording ea. patent assignment per property (times No.of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For ea.additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Cont.Exam. (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code   | Entity Fee (\$)              | Fee Description   | Fee Paid        |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1051   | 130   | 2051   | 65                           | Surcharge-late filing fee/oath  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1052   | 50  | 2052   | 25                           | Surcharge-late provisional filing fee or cover sheet                  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1053   | 130   | 1053   | 130                          | Non-English specification   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1812   | 2,520   | 1812   | 2,520                        | For filing a request for re-examination                               |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1804   | 920*  | 1804   | 920*                         | Requesting publication of SIR prior to Examiner action                |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1805   | 1,840*  | 1805   | 1,840*                       | Requesting publication of SIR after Examiner action                   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1251   | 110   | 2251   | 55                           | Ext.for reply w/in 1 mon  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1252   | 410   | 2252   | 205                          | Ext.for reply w/in 2 mon  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1253   | 930   | 2253   | 465                          | Ext.for reply w/in 3 mon  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1254   | 1,450   | 2254   | 725                          | Ext.for reply w/in 4 mon  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1255   | 1,970   | 2255   | 985                          | Ext.for reply w/in 5 mon  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1401   | 320   | 2401   | 160                          | Notice of Appeal  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1402   | 320   | 2402   | 160                          | Filing a Brief in support of an appeal                                |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1403   | 280   | 2403   | 140                          | Request for oral hearing  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1451   | 1,510   | 1451   | 1,510                        | Petition to institute a public use proceeding                         |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1452   | 110   | 2452   | 55                           | Petition to revive - unavoidable                                      |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1453   | 1,300   | 2453   | 650                          | Petition to revive - unintentional                                    |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1501   | 1,300   | 2501   | 650                          | Utility issue fee (for reissue)                                       |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1502   | 470   | 2502   | 235                          | Design issue fee  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1503   | 630   | 2503   | 315                          | Plant issue fee   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1460   | 130   | 1460   | 130                          | Petitions to the Commissioner   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1807   | 50  | 1807   | 50                           | Petition related to provisional appls.                                |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1806   | 180   | 1806   | 180                          | Submission of Info.Disclo.Stmt.                                       |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 8021   | 40  | 8021   | 40                           | Recording ea. patent assignment per property (times No.of properties) |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1809   | 750   | 2809   | 375                          | Filing a submission after final rejection (37 CFR 1.129(a))           |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1810   | 750   | 2810   | 375                          | For ea.additional invention to be examined (37 CFR 1.129(b))          |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1801   | 750   | 2801   | 375                          | Request for Cont.Exam. (RCE)  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1802   | 900   | 1802   | 900                          | Request for expedited examination of a design application             |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| The Commissioner is authorized to: <i>(check all that apply)</i><br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account.   |   |  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| FEE CALCULATION  |   |  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <b>1. FILING FEE</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1001</td><td>750</td><td>2001</td><td>375</td><td>Utility filing fee</td><td>\$750</td></tr> <tr><td>1002</td><td>330</td><td>2002</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>520</td><td>2003</td><td>260</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>750</td><td>2004</td><td>375</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provision filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>\$750</b></td></tr> </tbody> </table>   |   | Large Fee Code   | Entity Fee (\$)              | Small Fee Code  | Entity Fee (\$) | Fee Description | Fee Paid        | 1001            | 750      | 2001        | 375   | Utility filing fee | \$750 | 1002                           | 330 | 2002              | 165 | Design filing fee |                 | 1003   | 520             | 2003            | 260  | Plant filing fee |      | 1004                      | 750                    | 2004 | 375   | Reissue filing fee |       | 1005                                    | 160  | 2005 | 80   | Provision filing fee |                          | <b>SUBTOTAL (1)</b>                                    |    |      |        |   | <b>\$750</b> |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code   | Entity Fee (\$)              | Fee Description   | Fee Paid        |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1001   | 750   | 2001   | 375                          | Utility filing fee  | \$750           |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1002   | 330   | 2002   | 165                          | Design filing fee   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1003   | 520   | 2003   | 260                          | Plant filing fee  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1004   | 750   | 2004   | 375                          | Reissue filing fee  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1005   | 160   | 2005   | 80                           | Provision filing fee  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |   |  |                              |   | <b>\$750</b>    |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <b>2. CLAIMS</b><br><br><table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee From Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>6 - 20*</td> <td>= \$18 (\$9) x</td> <td>= 0</td> </tr> <tr> <td>Ind. Claims</td> <td>1 - 3</td> <td>= \$84 (\$42) x</td> <td>= 0</td> </tr> <tr> <td>Mult.Ind.Claims</td> <td></td> <td>= \$280 (\$140) x</td> <td>= 0</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>\$0</b></td></tr> </tbody> </table> |   |  | Extra                        | Fee From Below  | Fee Paid        | Total Claims    | 6 - 20*         | = \$18 (\$9) x  | = 0      | Ind. Claims | 1 - 3 | = \$84 (\$42) x    | = 0   | Mult.Ind.Claims                |     | = \$280 (\$140) x | = 0 | Large Fee Code    | Entity Fee (\$) | Small Fee Code                                       | Entity Fee (\$) | Fee Description | 1202 | 18               | 2202 | 9                         | Claims in excess of 20 | 1201 | 84    | 2201               | 42    | Independent claims in excess of 3       | 1203 | 280  | 2203 | 140                  | Multiple dependent claim | 1204   | 84 | 2204 | 42     | **Reissue independent claims over original patent | 1205         | 18  | 2205 | 9    | **Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (2)</b> |    |                          |  |      | <b>\$0</b> |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
|  | Extra   | Fee From Below   | Fee Paid                     |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Total Claims   | 6 - 20*   | = \$18 (\$9) x   | = 0                          |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Ind. Claims  | 1 - 3   | = \$84 (\$42) x  | = 0                          |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Mult.Ind.Claims  |   | = \$280 (\$140) x  | = 0                          |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Large Fee Code   | Entity Fee (\$)   | Small Fee Code   | Entity Fee (\$)              | Fee Description   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1202   | 18  | 2202   | 9                            | Claims in excess of 20  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1201   | 84  | 2201   | 42                           | Independent claims in excess of 3                                     |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1203   | 280   | 2203   | 140                          | Multiple dependent claim  |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1204   | 84  | 2204   | 42                           | **Reissue independent claims over original patent                     |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| 1205   | 18  | 2205   | 9                            | **Reissue claims in excess of 20 and over original patent             |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |   |  |                              |   | <b>\$0</b>      |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |   | Other fee (specify)<br>*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> \$  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| SUBMITTED BY   |   | Completed (if applicable)  |                              |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Typed or Printed Name  | Michael J. Bujold   | Registration Number  | 32,018                       |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
| Signature  |  | Date: September 19, 2003   | Telephone No. (603) 624-9220 |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |
|  |   | Deposit Account User ID  | 04-0213                      |   |                 |                 |                 |                 |          |             |       |                    |       |                                |     |                   |     |                   |                 |  |                 |                 |      |                  |      |                           |                        |      |       |                    |       |   |      |      |      |                      |                          |  |    |      |        |   |              |   |      |      |   |                     |    |                          |  |      |            |      |     |                          |  |      |     |      |     |                          |  |      |       |      |     |                          |  |      |       |      |     |                          |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                 |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |  |  |      |     |      |     |                                 |  |      |    |      |    |   |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |                              |  |      |     |      |     |   |  |

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Jens SCHMIDT, Richard STARK and Remi LEÓRAT  
Serial no. :  
For : CONTINUOUSLY VARIABLE TRANSMISSION  
Docket : ZAHFRI P555US

## MAIL STOP PATENT APPLICATION

The Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

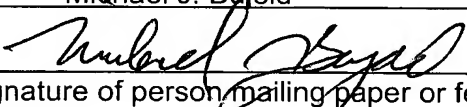
## EXPRESS MAIL CERTIFICATE

"Express Mail" label number: **EV 330996225 US**Date of Deposit: September 19, 2003

I hereby state that the following attached paper or fee:

**Check for \$750;**  
**Patent Application Transmittal-1 pg.;**  
**Fee Transmittal Ltr (+Dupl)-1 pg.;**  
**Specification/Claims/Abstract-7 pgs.;**  
**Submission of Formal Drawings-1 pg.;**  
**Drawings (Figs. 1-3)-2 pgs.;**  
**Declaration & Power of Atty-3 pgs.;**  
**Information Disclosure Statement-1pg.;**  
**PTO Form 1449-1 pg.; 4 Citations;**  
**German Novelty Search Report-4 pgs.;**  
**Preliminary Amendment-4 pgs.;**  
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Michael J. Buold  
Signature of person mailing paper or fee

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PATENT &amp; TRADEMARK OFFICE



020210

09/19/03

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|                      |   |   |
|----------------------|---|---|
| In re Application of | : | Jens SCHMIDT, Richard STARK and Remi LEÓRAT |
| Serial no.           | : |   |
| For                  | : | CONTINUOUSLY VARIABLE TRANSMISSION          |
| Docket               | : | ZAHFRI P555US                               |

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**SUBMISSION OF FORMAL DRAWINGS**

Enclosed please find two (2) sheets of formal drawings which are to be entered in this case.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,



Michael J. Bujold, Reg. No. 32,018

**Customer No. 020210**

Davis & Bujold, P.L.L.C.

Fourth Floor

500 North Commercial Street

Manchester NH 03101-1151

Telephone 603-624-9220

Facsimile 603-624-9229

E-mail: [patent@davisandbujold.com](mailto:patent@davisandbujold.com)